Case 24-14042-amc Doc 8 Filed 11/25/24 Entered 11/25/24 11:49:21 Desc Main Document Page 1 of 3

Fill in this information to identify your case:						
Debtor 1	Christopher	Ray	Feliciano			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	ptcy Court for the:	Eastern District of Pennsylvania				
Case number	24-14042					
(if known)						

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
<b>☑</b> 3. The commitment period is 3 years.
4. The commitment period is 5 years.
☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Average Monthly Income						
1.	1. What is your marital and filing status? Check one only.  ✓ Not married. Fill out Column A, lines 2-11.  ☐ Married. Fill out both Columns A and B, lines 2-11.						
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.							
					olumn A ebtor 1	Column B  Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	_	\$3,660.96				
3.	3. Alimony and maintenance payments. Do not include payments from a spouse.				\$0.00		
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your deper roommates. Do not include payments from a spouse. Do not on line 3.	contributions from dents, parents, a	n an nd	_	\$0.00		
5.	Net income from operating a business, profession, or						
	farm Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00	\$0.00				
	Net monthly income from a business, profession, or farm	\$0.00		opy ere →—	\$0.00		
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00	\$0.00				
	Net monthly income from rental or other real property	\$0.00	Ψ0.00	opy ere → <b>—</b>	\$0.00		

Debtor 1	Christopher	Ray	Feliciano	Case	number (if known) 24-14	042
	First Name	Middle Name	Last Name			
				Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
7. Interest,	dividends, and royaltic	es		\$0.00	<u> </u>	_
8. Unemplo	yment compensation			\$0.00		_
Do not er	nter the amount if you o	contend that the amo	unt received was a benefit un	der	-	_
the Socia	Security Act. Instead,	list it here:				
For y	ou		<u>.</u>	<u> </u>		
For y	our spouse		<u> </u>			
under the include at States Go death of a under cha	Social Security Act. A ny compensation, pensovernment in connection a member of the uniformapter 61 of title 10, there	lso, except as stated sion, pay, annuity, or on with a disability, co med services. If you n include that pay on y to which you would	mount received that was a be in the next sentence, do not allowance paid by the United ombat-related injury or disabilit received any retired pay paid by to the extent that it does not dotherwise be entitled if retired of that title.	y, or	<u> </u>	_
not inclu a victim terrorism States G death of	de any benefits receive of a war crime, a crime a; or compensation, pe dovernment in connecti	ed under the Social Se against humanity, on nsion, pay, annuity, of the with a disability, or med services. If necessity is the contract of th	pecify the source and amount. Security Act; payments receive rinternational or domestic or allowance paid by the Uniterombat-related injury or disabilitiessary, list other sources on a	ed as d ity, or		
					_	_
Total amo	ounts from separate pa	ges, if any.		+	+	<b>-</b> -
	e your total average n Then add the total for		l lines 2 through 10 for each I for Column B.	\$3,660.96	+	= \$3,660.96  Total average monthly income
Part 2: Det	termine How to Me	easure Your Dedu	ictions from Income			<b>,</b>
12. <b>Copy</b> yo	our total average mont	hly income from line	<del>)</del> 11			\$3,660.96
13. Calculat	e the marital adjustme	ent. Check one:				
<b>√</b> You are	e not married. Fill in 0 b	elow.				
You are	e married and your spo	use is filing with you	Fill in 0 below.			
☐ You are	e married and your spo	use is not filing with	you.			
	pendents, such as pay		olumn B, that was NOT regula tax liability or the spouse's su			
	specify the basis for exnal adjustments on a se		and the amount of income dev	oted to each purpose. If nec	essary, list	
If this a	djustment does not ap	ply, enter 0 below.				
				\$0.00		- \$0.00
Total				Co	ppy here. $ ightarrow$	φυ.υυ
14. Your cui	rrent monthly income.	Subtract the total in	line 13 from line 12.			\$3,660.96

Debtor 1	Christopher	Ray	Feliciano	Case number (if known)	24-14042
	First Name	Middle Name	Last Name		
-			ar. Follow these steps:		<b>***</b>
					\$3,660.96
Multip	bly line 15a by 12 (th	e number of months	in a year).		<b>x</b> 12
15b. The	result is your current	monthly income for	the year for this part of the form	n	\$43,931.52
16. Calculate t	he median family in	come that applies to	o you. Follow these steps:		
16a. Fill ir	n the state in which y	ou live.	Pennsyl	<u>vania</u>	
16b. Fill ir	the number of peop	ole in your household	d1		
16c. Fill ir	the median family i	ncome for your state	and size of household		\$65,737.00
			ounts, go online using the link s available at the bankruptcy clei		
17. How do th	e lines compare?				
<sub>17a.</sub> 🗹	Line 15b is less tha	n or equal to line 16	c. On the top of page 1 of this for	orm, check box 1, Disposable income is not	determined under 11
	U.S.C. § 1325(b)(3)	). <b>Go to Part 3.</b> Do N	OT fill out <i>Calculation of Your L</i>	Disposable Income (Official Form 122C–2).	
17b. <b>-</b>	1325(b)(3). Go to P		culation of Your Disposable In	ncome (Official Form 122C–2). On line 39 of	
Part 3: Calcu	ulate Your Comm	nitment Period Uı	nder 11 U.S.C. §1325(b)(4	)	
18. Copy your	total average mont	hly income from line	÷ 11		\$3,660.96
calculating amount fro	the commitment per m line 13.	riod under 11 U.S.C.	§ 1325(b)(4) allows you to ded	filing with you, and you contend that uct part of your spouse's income, copy the	
19a. If the n	narital adjustment do	es not apply, fill in 0	on line 19a		\$0.00
19b. Subtra	ct line 19a from line	18.			\$3,660.96
20. Calculate	our current monthl	y income for the yea	ar. Follow these steps.		
20a. Copy lin	e 19b				\$3,660.96
Multiply	by 12 (the number of	of months in a year).			<b>x</b> 12
20b. The res	ult is your current me	onthly income for the	year for this part of the form.		\$43,931.52
20c. Copy th	e median family inco	ome for vour state an	d size of household from line 1	6c	\$65,737.00
	e lines compare?	,			
☑ Line 20b	•	c. Unless otherwise o	ordered by the court, on the top	of page 1 of this form, check box 3,	
Line 20b	is more than or equ	•		rt, on the top of page 1 of this form,	
Part 4: Sign	Below				
By signing h	nere, under penalty o	of perjury I declare th	at the information on this state	ment and in any attachments is true and con	rect.
V					
	Christopher Ray	Feliciano			
Sign	ature of Debtor 1				
Date	11/25/2024 MM/ DD/ YYYY				
		out or file Form 1220		form, copy your current monthly income from	m line 14 above